

EXHIBIT “C”

OREGON UNIFORM CITATION AND COMPLAINT
 Use for All Violations or Crimes Where Separate Complaint Will Not be Filed/ORS 153.045 or 153.089

☒ CRIME(B) ☐ OR ☐ VIOLATION ☐ OTHER
 (see A below) (see B below)

STATE OF OREGON
 CITY/OTHER PUBLIC BODY: **GRANTS PASS**
 COUNTY OF: **JOSEPHINE**
 Case No.: **19-39544**
 Court: **JOSEPHINE CO CIRCUIT COURT**

DEFENDANT The undersigned certifies and says that the following person:
 ID Type: **DL** ID No: **8795489** State: **OR** Ph: _____
 Name: Last: **KELLIM SR** First: **SHAWN** MI: **JAY**
 Address: **10797 BUCKHORN RD**
 City: **GLIDE** State: **OR** Zip: **97443** Passenger: ☐
 Sex: **M** Race: **WHT** DOB: **07/20/1969** Hgt: **5'08"** Wgt: **175** Hair: **BLD**
 Eyes: _____ Lic. Exp: **2027** Juv.: ☐ Lic. Class: **c** Emp. to Drive: ☐

TIME/PLACE
 At the following time and place in the above-mentioned state and county:
 On or About Date/Time: **09/15/2019** **04:20 PM**
 At or Near: _____ City: _____
1587 NW WASHINGTON BLVD
GRANTS PASS
 NB: ☐ SB: ☐ EB: ☐ WB: ☐
 Highway: ☐ Premise Open to Public: ☒ Other: ☐

VEHICLE Involving the following:
 Year: _____ Make: _____ Model: _____
 Color: _____ Type: _____
 Regis/Vin/ID#: _____ State: _____
 Accident: ☐ Prop. Damage: ☐ Injury: ☐ Endanger Other: ☐
 Con'l Veh: ☐ Haz Mat: ☐ Driver Not Reg. Owner: ☐
 Other: _____ Com'l Pass: ☐

OFFENSE(S) Did then and there commit the following offense(s):
 HWY Work Zone: ☐ School Zone: ☐ VBR: ☐ Safety Corridor: ☐
 Radar: ☐ Pace: ☐ Laser: ☐ Other: ☐
 Alleged Speed: _____ Designated Speed: _____ Posted Limit: _____
 Offense #: **166.023 (2.A)**
DISORDERLY CONDUCT I - MISDEMEANOR DOC
 Warning: ☐
 Presumptive Fine1: **MUST APPEAR**
 Intentional: ☒ Knowing: ☐ Reckless: ☐
 Criminal Negligence: ☐ No Culpable Mental State: ☐
 Offense #: _____
 Warning: ☐
 Presumptive Fine2: _____
 Intentional: ☐ Knowing: ☐ Reckless: ☐
 Criminal Negligence: ☐ No Culpable Mental State: ☐
 Offense #: _____
 Warning: ☐
 Presumptive Fine3: _____
 Intentional: ☐ Knowing: ☐ Reckless: ☐
 Criminal Negligence: ☐ No Culpable Mental State: ☐

OTHER

Expl: _____

SIGNATURE
 I certify under ORS 153.045 and 153.980 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint.

Signature of Officer: *[Signature]*
 Officer name1: **ARTOFF, TIM** Officer ID: **54323**
 Officer name2: _____ Officer ID: _____
 Agency Name: **GRANTS PASS DPS**
 Issue Date: **08/15/2019**

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE
09/10/2019 **09:00 AM**
 Location: **JOSEPHINE CO CIRCUIT COURT**
500 NW 8TH STREET
GRANTS PASS **OR 97526**
541-476-2309